Parents: To assist the school in meeting the specific needs of your child with diabetes, please complete this form and return to your school nurse.

Diabetes
Insulin Pump School Care Plan

Child's name _____ Date of birth _____

Grade _____ Teacher _____ School _____

Type of Insulin Pump Animas Disetronic _____ MiniMed 508 Paradigm
(type)
Other _____

Type of Insulin Humalog(Lispro) Novolog(Aspart) Other_____
(diluted or mixed insulin)

Blood Glucose Monitoring

Name of meter _____ Time(s) of day to test _____

Location of meter _____ Where testing (location) _____

Does child need assistance with blood glucose monitoring? □ Yes □ No

Recognition of Hypoglycemia (low blood glucose)

Symptoms typically seen _____

Time of day most likely to occur _____

Treatment of choice, provided by family _____

Blood glucose level when treatment should be given _____

Recognition of Hyperglycemia (high blood glucose)

Symptoms typically seen _____

Correction bolus ____ unit of insulin for every ____ points over _____ mg/dl
(Example: 1 unit of insulin for every 50 points over a blood glucose of 150 mg/dl)

Blood glucose level when parent(s) should be called _____

If feeling nauseated or vomiting, please contact the parent(s) immediately.

School lunch

The child must take a bolus of insulin prior to eating lunch. The number of carbohydrates in the food is determined and then insulin given according to the insulin-carbohydrate ratio.

Insulin-carbohydrate ratio ___unit(s) of insulin for every ____grams of carbohydrate (example: 1 unit of insulin for every 15 grams of carbohydrate)

Snacks at school *(Snacks can be optional for children with an insulin pump)*
Does child require snacks during school hours? □ Yes □ No
If yes, specify times needed _____

Insulin-carbohydrate ratio ___unit(s) of insulin for every ____grams of carbohydrate (example: 1 unit of insulin for every 10 grams of carbohydrate)

List food items to be provided by the parent(s) for snacks _____
_____

Other School Personnel
Please check, which other school personnel should be aware of this Pump Care Plan

□ Principal/Assistant Principal	□ Office Staff	□ Substitute teachers
□ Lunch room personnel	□ Librarian	□ Bus drivers
□ Classroom representative	□ Other _____	

Troubleshooting pump equipment (Refer to *General Guidelines for School Personnel About the Student with Diabetes on Insulin Pump Therapy* for responsibilities)
Contact the parent(s) and/or pump manufacturer (1-800 # located on the back of the pump) if any of the following problems occur:

Pump alarms	Pump becomes disconnected
Blank screen	Empty cartridge (reservoir)
Dead batteries	

Utilize the back-up supplies (insulin, syringes, replacement infusion sets, etc.) as directed by parent(s). Location of back-up supplies _____

Emergency Telephone Numbers

Parent/guardian name _____ Phone number(s) _____

Alternate contact _____ Phone number _____

Pump Manufacturer _____ Customer Service number _____

Parent signature _____Date _____

School Nurse signature _____ Date _____

Teacher signature _____ Date _____

Physician signature _____ Date _____

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This publication was supported by Cooperative Agreement Number U32/CCU815668-03 from the CDC. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the CDC.

March 2002